Republic of the Philippines
DEPARTMENT OF HEALTH
Office of the Secretary

BAGONG PILIPINAS

AUG 11 2025

ADMINISTRATIVE ORDER
No. 2025 - 0014

SUBJECT: National Policy on the Institutionalization of Disability Categorization in the Philippines

I. RATIONALE

According to the World Health Organization (WHO)'s Global Report on Health Equity for Persons with Disabilities, an estimated 1.3 billion people experience significant disability. The 2016 National Prevalence Disability Survey (NPDS) showed that 12% of Filipinos aged 15 and older experience severe disability, 47% moderate disability, 23% mild disability and 19% no disability in the country. Additionally, the Department of Health (DOH) - Philippine Registry for Persons with Disabilities (PRPWD) System recorded around 1.6 million registered Persons with Disabilities in the country in 2024.

Republic Act No. (RA) 7277 or the Magna Carta for Persons with Disability was enacted in 1992 to promote the rehabilitation, self-development, and self-reliance of persons with disabilities and their integration into the mainstream of society. Recognizing that disability is an evolving concept, the Philippines ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, affirming the fundamental rights of people with disabilities.

In line with this, the Department of Health (DOH) issued Administrative Order (AO) No. 2015-0004 or the Revised National Policy on Strengthening the Health and Wellness Program of Persons with Disabilities (HWPPWD) to ensure that persons with disabilities have full access to inclusive health and rehabilitation services. This was further strengthened with the passage of Republic Act No. 11223 or the Universal Health Care (UHC) Act, ensuring that all people have access to quality care services without financial hardship. This is further outlined in AO No. 2023-0015 which adopted the 8-point action agenda as the health sector's medium-term strategy, envisioning universal health coverage, striving for better health outcomes and stronger health systems.

Despite this, previous categorization efforts faced several challenges. There was significant inefficiency in implementing and managing disability programs due to inconsistent interpretation of the definitions and classifications. This inconsistency led to confusion among stakeholders, including healthcare providers, government agencies and the individuals affected which also resulted in uneven resource distribution and hindered the effective delivery of services. Furthermore, the evolving concept of disability, influenced by changing societal attitudes and advances in medical understanding, necessitated frequent updates to the definitions and categories.

Thus, standardized definition and categorization of disabilities are essential. This categorization will guide the government in allocating resources and providing benefits and services and serve as a basis for legal, social, and advocacy efforts. Clear categorization will also empower Persons with Disabilities to better navigate and utilize available resources.

With this, the DOH issues this Order to institutionalize the standardized guidelines for disability definition and categorization in the country.

II. OBJECTIVES

This Order provides the guidelines for the institutionalization of the standardized definition and categorization of disabilities. Specifically, it shall:

A. Establish the guiding principles in the institutionalization of disability categories in the Philippines;
B. Standardize the use of disability terms across all offices within the DOH, attached agencies, and other stakeholders for the purpose of providing health, medical, rehabilitation, and other support services; and
C. Define the roles and responsibilities of the different DOH offices, attached agencies, and other stakeholders involved in implementing the national guidelines on disability categorization.

III. SCOPE AND COVERAGE

This Order shall apply to DOH Central Office Bureaus, Services, Offices, and Attached Agencies and Corporations; DOH Centers for Health Development (CHDs); DOH hospitals; Drug Abuse Treatment and Rehabilitation Centers (DATRCs); all public and private healthcare facilities; and all other relevant stakeholders.

In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of this Order shall be aligned with RA No. 11054 or the Bangsamoro Organic Act and the subsequent laws and issuances to be issued by the Bangsamoro government.

IV. DEFINITION OF TERMS

For the purposes of this Order, the terms below are defined as follows:

A. **Cancer** – refers to a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasm. One defining feature of cancer is the rapid growth of abnormal cells beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs (National Integrated Cancer Control Act, 2019).

B. **Disability** – shall mean physical or mental impairment that substantially limits one or more psychological, physiological, or anatomical functions of an individual or activities of such an individual; a record of such impairment; and being regarded as having an impairment (Magna Carta for Disabled Persons, 1992).

C. **Hearing Disability** – otherwise referred to as hearing loss, hearing impairment, or deafness, refers to the complete or partial loss of hearing from one or both ears with greater than or equal to 20 decibels (dB) hearing threshold, but shall include significant activity limitation and participation restriction for mild hearing deficit (National Guidelines on Disability Categorization in the Philippines, 2024).

D. **Intellectual Disability** – refers to impairment or deficit in intellectual functions and adaptive functioning that leads to the inability of an individual to perform their activities and/or restrict participation in their community (Diagnostic and Statistical Manual of Mental Disorders- Fifth Edition, 2013).

E. **Learning Disability** – refers to impairments in learning and using academic skills that lead to the inability of an individual to perform their activities and/or restrict participation in their community in at least one of the six areas/domains for at least six months despite interventions that target the difficulties (National Guidelines on Disability Categorization in the Philippines, 2024).

F. **Mental Disability** – refers to impairments due to mental health conditions referring to neurologic or psychiatric conditions characterized by the existence of a recognizable, clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial, or developmental process underlying mental functioning. For the purposes of this AO, Mental Disability shall include: Psychiatric, Neurologic, Developmental, and Psychosocial Disability as subcategories (National Guidelines on Disability Categorization in the Philippines, 2024).

G. **Persons with Disabilities** – refers to those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society and on an equal basis with others (United Nations Conventions on the Rights of Persons with Disabilities, 2006). For the purpose of this AO, Persons with Disabilities are individuals who have one or more of the following disabilities: Hearing Disability; Intellectual Disability; Learning Disability; Mental Disability; Physical Disability; Speech, Language, and Communication Disability; Visual Disability; Cancer; and Rare Diseases.

H. **Physical Disability** – refers to a restriction from any physical impairment, such as significant affectation of strength, endurance, stamina, and flexibility, to perform functional tasks, activities of daily living, and participation in their community. Causes may be congenital or acquired from trauma, infection, surgical or medical condition and include the following disorders, namely: connective tissue, musculoskeletal or orthopedic disorders, neurological or neuromuscular disorders, cardiopulmonary disorders, pediatric and congenital disorders, and immunologic, endocrine and metabolic disorders (National Guidelines on Disability Categorization in the Philippines, 2024).

I. **Rare Diseases** – refer to disorders such as inherited metabolic disorders and other diseases with similar rare occurrences as recognized by the DOH upon recommendation of the National Institutes of Health (NIH) but excluding catastrophic (i.e., life-threatening, seriously debilitating or serious and chronic) forms of more frequently occurring diseases (Rare Disease Act, 2016).

J. **Speech, Language, and Communication Disability** – refers to speech and language impairments (articulation, fluency, receptive and/or expressive processes) due to a disease or condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community (National Guidelines on Disability Categorization in the Philippines, 2024).

K. **Visual Disability** – refers to impairment of visual functioning even after treatment and/or standard refractive correction and has visual acuity in the better eye of worse than 6/18 meters (or 20/60 feet) for low vision and 3/60 meters (or 10/200 feet) for the blind, or a visual field of worse than 10 degrees from the point of fixation, or peripheral vision loss, that leads to the limitation or inability to perform activities of daily living and restrict participation in their community (National Guidelines on Disability Categorization in the Philippines, 2024).

V. GENERAL GUIDELINES

A. The DOH and all relevant stakeholders shall utilize this Order and the Standards on Disability Categorization in the Philippines (see Annex A) as the primary reference for disability categorization.

B. The definition of disability categories shall align with the WHO - International Classification of Functioning, Disability and Health (ICF), Sustainable Development Goals (SDGs), UHC, and other relevant health agendas.

C. The PRPWD shall utilize the standard definition of disability categories set by this Order. The PRPWD is an online system for the registration of persons with disability and the issuance of unique identification numbers for discounts and other benefits.

D. The definitions of disability categories in this Order shall guide the formulation of plans and policies relative to health systems strengthening, health financing, and service delivery for persons with disabilities. This shall include the Community-Based Rehabilitation framework, disability assessment, and provision of health, rehabilitation, habilitation, and other support services for inclusion.

E. The DOH shall establish mechanisms for strategic collaboration and partnerships with stakeholders concerned with defining and categorizing disabilities.

F. Continuous education and awareness campaigns shall be conducted to promote understanding and sensitivity towards various disabilities, emphasizing the importance of accurate identification and categorization of disabilities as defined in this Order.

VI. SPECIFIC GUIDELINES

A. Specific sections of the PRPWD pertaining to the definition of the types of disabilities shall be revised to align with the standard definitions of disabilities in the Standards on Disability Categorization in the Philippines. There shall be nine (9) categories of disabilities, namely: Hearing Disability; Intellectual Disability; Learning Disability; Mental Disability; Physical Disability; Speech, Language, and Communication Disability; Visual Disability; Cancer; and Rare Diseases.

B. A Manual of Operations and Procedures (MOP) on the categorization of disabilities shall be developed and periodically updated for the proper guidance of program managers, regional coordinators, service providers professionals/specialists, social workers, Persons with Disability Affairs officers and other relevant stakeholders in

the issuance of Persons with Disability identification cards, to ensure the effective and efficient implementation of the disability categories.

C. A training module on the proper identification and categorization of disabilities shall be developed to strengthen the capacity of regional coordinators, professionals/specialists, frontliners, and other relevant stakeholders involved in the issuance of disability identification cards.

D. Collaboration with other DOH offices and programs on cancer, rare diseases, and mental health, among others, as well as with partners/stakeholders, shall be done to ensure a comprehensive approach to the operationalization of the categorization of disabilities.

E. Relevant national government agencies (NGAs) such as the Department of Social Welfare and Development (DSWD), National Council on Disability Affairs (NCDA), Department of Education (DepEd), Department of Labor and Employment (DOLE), and Department of Interior and Local Government (DILG), among others are encouraged to adopt this Order by updating existing and developing new department issuances accordingly to ensure the proper implementation of disability categorization.

F. The local government units (LGUs), through their Persons with Disability Affairs Offices (PDAOs), City/Municipality Social Worker Development Offices (C/MSWDOs), or designated officers/focal persons, are encouraged to utilize the standard guidelines when issuing identification cards to persons with disabilities.

G. The DOH shall collaborate with non-government organizations, persons with disabilities, other civil society organizations, medical and allied health societies, and academe to implement this Order to ensure a comprehensive multi-sectoral approach.

VII. ROLES AND RESPONSIBILITIES

A. The **DOH - Central Office:**

1. The **Disease Prevention and Control Bureau (DPCB)** shall:
    a. Oversee the implementation of this Order;
    b. Lead the development of the MOP and training modules on the categorization of disabilities;
    c. Provide technical assistance, capability building, and coordination to the CHDs and other stakeholders/partners on the implementation of these disability categories;
    d. Conduct monitoring and evaluation on the implementation of the disability categorization;
    e. Ensure the participation of other DOH offices/bureaus and coordinate with partners within and outside the health sector for the effective implementation of the disability categorization.

2. The **Knowledge Management and Information Technology Service,** until such time that the PRPWD has been fully transferred to the National Council on Disability Affairs (NCDA), shall continue to:

a. Provide technical support in the enhancement and maintenance of the PRPWD.
b. Conduct users' training for the operationalization of the PRPWD.
c. Provide help desk support, such as, but not limited to, user accounts management and facilitate data requests related to the PRPWD.

3. The **Health Policy Development and Planning Bureau** shall:
   a. Assist in the development of relevant policies and strategies on disability categorization.
   b. Facilitate and support disability legislation and research.

4. The **Health Facility Development Bureau** shall ensure access and availability to quality hospital and facility-based services and universally designed infrastructure and facilities, including rehabilitation and other support services through the implementation of the Philippine Health Facility Development Plan (2020-2040) and AO 2023-0020 *Implementing Rules and Regulations of Republic Act No. 11959 "Regional Specialty Centers Act."*.

5. The **Health Human Resources Development Bureau** shall:
   a. Provide technical assistance in the development/design of training programs/courses for DOH offices/bureaus, CHDs and Human Resources for Health (HRH).
   b. Provide assistance in capacity building of human resources for health in collaboration with stakeholders, partners, and other sectors in addressing the needs of Persons with Disabilities.

6. The **Health Promotion Bureau** shall lead the education and awareness campaigns to promote understanding and sensitivity towards the various types of disabilities, emphasizing the importance of accurate identification and categorization of disabilities.

B. The **CHDs** shall provide technical assistance to LGUs and oversee the implementation of the disability categories in their respective province/city/municipality.

C. The **Philippine Health Insurance Corporation (PhilHealth)**, in accordance with the law, and in collaboration with the DOH, is strongly encouraged to:
   1. Develop benefit packages for all types of disabilities, ensuring alignment with the national framework for disability categories and standardized terminology. These packages should provide a consistent approach for screening, diagnosis, management, rehabilitation, and the provision of assistive devices and support services across the health sector.
   2. Coordinate closely with relevant stakeholders, including specialty societies, health facilities, government agencies, and patient groups to ensure that disability-related benefits packages are accessible, effectively implemented, and responsive to the health and rehabilitation needs of persons with disabilities across all sectors.

D. The **National Council on Disability Affairs (NCDA)** is encouraged to adopt and implement the policy and other related concerns on disability through appropriate issuances.

E. The **LGUs**, through its respective Persons with Disabilities Affairs Office/Officer or designated focal person, are encouraged to adopt and implement the policy by issuing and enforcing local ordinances.

F. The **non-government organizations, Persons with Disabilities organizations, and other civil society organizations, medical and allied health societies, and academe** are encouraged to:

1. Actively promote the standardized definition and categorization of disabilities within their networks and communities;
2. Assist in developing, conducting, and evaluating the training sessions and educational workshops to ensure that all relevant stakeholders are well-versed in the standardized definitions and categorizations of disabilities;
3. Collaborate with the DOH to develop a comprehensive manual of operations and procedures for the categorization of disabilities.

VIII. REPEALING CLAUSE

All other provisions stipulated in AO 2013-0005 dated February 07, 2013, and its amendments, and other related issuances inconsistent or contrary to the provisions of this order are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances that are not affected by this Order shall remain valid and in effect.

IX. SEPARABILITY CLAUSE

In the event that any provision or any part of the Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in full force.

X. EFFECTIVITY

This Order shall take effect immediately after publication in the Official Gazette or a newspaper of general circulation, with three (3) certified copies to be filed with the Office of the National Administrative Register (ONAR) of the UP Law Center.

TEODORO J. HERBOSA, MD
Secretary of Health

Standards on Disability Categorization in the Philippines

Department of Health
Task Force on Community-based Rehabilitation

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DOCUMENT OVERVIEW (DISABILITY CATEGORY)

SECTION 1: FRAMEWORK OF DISABILITY

Section 1 outlines the framework used for the disability category based on the World Health Organization's International Classification of Functioning, Disability and Health (WHO-ICF) framework.

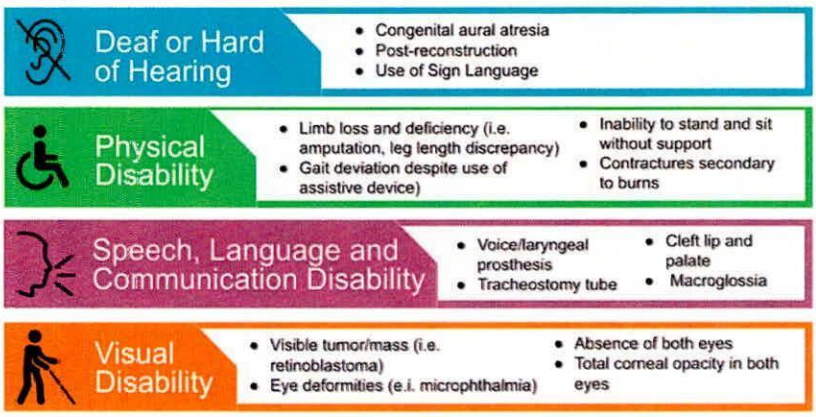
SECTION 2: BASIS FOR HARMONIZED DEFINITION

Section 2 lists the existing policies, laws, and guidelines relevant to the disability category that served as the basis for the harmonized definition.

SECTION 3: DEFINITION OF DISABILITY CATEGORY

Section 3 highlights the harmonized definition of disability category. This section also includes the criteria for apparent and non-apparent disability per category. Criteria for assessment and reassessment of disability, including the disability assessors (i.e. frontliners, specialists) and needed requirements.

Apparent Disability


Deaf or Hard of Hearing
• Congenital aural atresia
• Post-reconstruction
• Use of Sign Language
Physical Disability
• Limb loss and deficiency (i.e. amputation, leg length discrepancy)
• Gait deviation despite use of assistive device)
• Inability to stand and sit without support
• Contractures secondary to burns
Speech, Language and Communication Disability
• Voice/laryngeal prosthesis
• Tracheostomy tube
• Cleft lip and palate
• Macroglossia
Visual Disability
• Visible tumor/mass (i.e. retinoblastoma)
• Eye deformities (e.i. microphthalmia)
• Absence of both eyes
• Total corneal opacity in both eyes

Non-apparent Disability

Deaf or Hard of Hearing
• Difficult of hearing
• Microtia (small pinna)
• Amplifier or similar assistive devices
Physical Disability
• Impairment in structures and functions related to the cardiovascular, haematological, immunological, respiratory systems, metabolic, endocrine systems, neuromusculoskeletal and movement
Speech, Language and Communication Disability
• Aphasia
• Apraxia
• Stuttering
• Slurred speech
Visual Disability
• Monocular vision
• Tunnel vision/peripheral vision loss
• Use of optical and non-optical aides except prosthesis (artificial eye)
• Nystagmus
• Cross-eyed

LIST OF APPARENT AND NON APPARENT DISABILITIES

ACKNOWLEDGMENTS

The contributions and expertise of the following people are acknowledged in the development of the national guidelines on disability categorization in the Philippines.

GOVERNMENT AGENCIES, OFFICES & UNITS

- Department of Health (DOH)
- Department of Social Welfare and Development (DSWD)
- Department of the Interior and Local Government (DILG)
- Department of Education (DepEd), including Special Education Programs and Services
- Department of Science and Technology (DOST)
- Philippine Health Insurance Corporation (PhilHealth)
- Komisyon sa Wikang Filipino (KWF)
- National Council on Disability Affairs (NCDA)
- National Council on Mental Health (NCMH)
- Quezon City Persons with Disabilities Office (PDAO)
- Mandaluyong City PDAO
- Manila City PDAO
- Valenzuela City PDAO and City Health Office

PROFESSIONAL SOCIETIES, ORGANIZATIONS OF PERSONS WITH DISABILITIES & OTHER ASSOCIATIONS

- Philippine Academy of Rehabilitation Medicine (PARM)
- Philippine Society of Developmental and Behavioral Pediatrics (PSDBP)
- Philippine Neurological Association (PNA)
- Philippine College of Geriatric Medicine (PCGM)
- Philippine Academy of Ophthalmology (PAO)
- Integrated Philippine Association of Optometrists (IPAO)
- Philippine Society of Wheelchair Professionals (PSWP)
- Philippine Physical Therapy Association (PPTA)
- Philippine Academy of Occupational Therapists (PAOT)
- Philippine Association of Speech Pathologists (PASP)
- Association of Filipino Prosthetists and Orthotists (AFPO)
- Association of Municipal Health Officers of the Philippines (AMHOP)
- Philippine Association of Patient Organization (PAPO)
- Psychological Association of the Philippines (PAP)
- Philippine Psychiatric Association (PPA)

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- Physicians for Peace Philippines (PFPP)
- NORFIL Foundation Inc
- Hard of Hearing Philippines
- Better Hearing Philippines
- ADHD Society
- ATRIEV
- Manila Person with Disability Federation
- Quezon City Kabahagi Center for Children with Disabilities

UNIVERSITIES AND ACADEMIC INSTITUTIONS

- Philippine General Hospital (PGH)
- University of the Philippines (UP)
- University of Santo Tomas (UST)
- University of the East Ramon Magsaysay Memorial Medical Center (UERMMMCI)
- UERM College of Allied Rehabilitation Sciences (UERM CAReS)
- UERM NEOLIMB: Center for Research and Assistive Technologies for Mobility Niche Center in the Region for R&D (NICER)
- De La Salle Health Science Institute (DLSHSI)

LIST OF ABBREVIATIONS

AO	Administrative Order
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5)
CPO	Certified Prosthetist-Orthotist
ICF	World Health Organization's International Classification of Functioning, Disability and Health (WHO-ICF) framework
MHO	Municipal Health Office
OT	Occupational Therapist
PDAO	Persons with Disabilities Affairs Office
PWD	Person with disabilities
PT	Physical Therapist
RA	Republic Act
SLP	Speech Language Pathologist
SNEd / SPED	Special Needs Education / Special Education

TERMINOLOGY

FOR THE PURPOSE OF THESE GUIDELINES, THE FOLLOWING TERMS ARE USED AS DEFINED BELOW:

- **Aphasia** - a condition where a person has trouble understanding words, speaking, reading, or writing due to damage in the language centers of the brain[1]
- **Apraxia** - a neurological disorder that affects the brain pathways involved in producing speech[2]
- **Congenital aural atresia** - malformation of the external auditory canal resulting in profound conductive hearing loss[3]
- **Dysarthria (slurred speech)** - a neuromotor disorder that results from abnormalities in speed, strength, accuracy, range, tone, or duration required for speech control[4]
- **Gait deviation** - an abnormality in the gait cycle[5]
- **Leg length discrepancy** - when one leg or arm is shorter than the other leg or arm[6]
- **Limb deficiency (limb reduction defects)** - the absence or severe hypoplasia of a limb or part of a limb[7]
- **Limb loss (amputation)** - the loss or removal of a body part such as a finger, toe, hand, foot, arm or leg[8]
- **Macroglossia** - the abnormal enlargement of the tongue[9]
- **Microtia** - when the external ear is small and not formed properly [10]
- **Microphthalmia** - a birth defect in which one or both eyes did not develop fully, so they are small [11]
- **Monocular vision** - vision in one eye
- **Stuttering** - speech condition where sounds, syllables, or whole words get repeated or stretched out, interrupting the normal flow of speech [12]
- **Peripheral vision loss (tunnel vision)** - refers to part of sight outside of a person's central field of vision and allows you to see objects to the side without having to move your eyes or head[13]

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RATIONALE

In the Philippines around 1.44 million or 1.57%, people live with disabilities (NSO 2013) from the household population of 92.1 million Filipinos. Moreover, results from the Philippine Statistics Authority, the National Prevalence Disability Survey (NPDS) or the Model Disability Survey (MDS) of 2016 showed that 12% of Filipinos aged 15 and older experience severe disability, 47% moderate disability and 23% experience mild disability. In the PSA 2020 Census of Population and Housing, out of 97.60 million household population, there were 8,469,426 or 8.7% persons five years old and over (nearly 9 in every 100 persons) reported to have difficulty in functioning.

Appropriate definition and categorization of disability is important in empowering persons with disability. This also guides the government in allocating resources and providing benefits and services. Alongside this, appropriate classification of disability can serve as a basis that may guide legal, social and advocacy efforts in this sector. (University of Iowa, nd). Appropriate operationalization of the disability categories can enhance access to medical, social and economic resources and eliminate disparities in equity and disability in line with the Sustainable Development Goals.

Without an established standardized guideline for disability identification and categorization, persons with disabilities may be deprived of appropriate resources and health and social services, including medical and therapeutic interventions, and social insurance program eligibility. Currently, there are varied interpretations of protocols regarding the categorization of disability in the Philippines. Moreover, there are no standardized mechanisms in the identification of disability categories by primary frontliners in the country. Hence, the Department of Health through the Disease Prevention and Control Bureau (DPCB), in collaboration with the Task Force on Community-Based Rehabilitation, developed this national guideline on the categorization of disabilities.

OBJECTIVES

The overall objective of these guidelines is to generate disability definitions that will be understandable by all stakeholders and utilized in the assessment and provision of health and rehabilitation services for persons with disabilities at all levels of health care in the Philippines. Specifically, these national guidelines aim to:

1. Review existing disability categorizations in the Philippines, prevailing approaches and processes, related policies and laws, offices/personnel involved in the assessment of disability categories and conditions, presentations and functional limitations under each disability categorization;
2. Synthesize and integrate key findings and considerations from desk review and consultation workshops across stakeholders regarding disability definitions;
3. Formulate new disability definitions for the Philippines; and
4. Validate the developed definitions through stakeholder engagement.

SCOPE

These guidelines on disability categorization shall be used by stakeholders such as all offices and attached agencies of the Department of Health (DOH), Centers for Health Development, Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the "Bangsamoro Organic Law" and subsequent rules and policies issued by the Bangsamoro Government, DOH Hospitals and Specialty Medical Centers, health care providers such as primary care workers and regional coordinators, medical and allied health professionals, national government agencies, local government units, legislators and policymakers, academic institutions, non-government organizations and advocates, and other relevant stakeholders.

METHODOLOGY

The DOH Task Force on Community-Based Rehabilitation in collaboration with selected government hospitals, private hospitals, local government units and different societies/associations involved in the assessment and provision of services for persons with disabilities provided technical assistance in the following activities:

1. Extensive desk and literature review on current policies and laws (i.e. RA 7277, 11215, RA 10747, DOH Administrative Orders), global health reports, and local and international practice guidelines relevant to the initiative
2. Presentation of preliminary results on disability categorization to stakeholders, including processing and synthesis and plenary discussions
3. Consultative meetings with technical experts
4. Focused group discussions

GUIDING PRINCIPLES

DISABILITY DEFINITIONS & COMPONENTS

1 **World Health Organization's International Classification of Functioning, Disability and Health (WHO-ICF) framework** (Figure 1), where disability is defined as the result of the interaction of a person's health condition with environmental and personal factors, where loss or limitation in body structure or function leads to the inability to perform activity and/or restriction in community participation. Based on this premise, the presence of a health condition and/or diagnosis does not automatically equate to a disability.

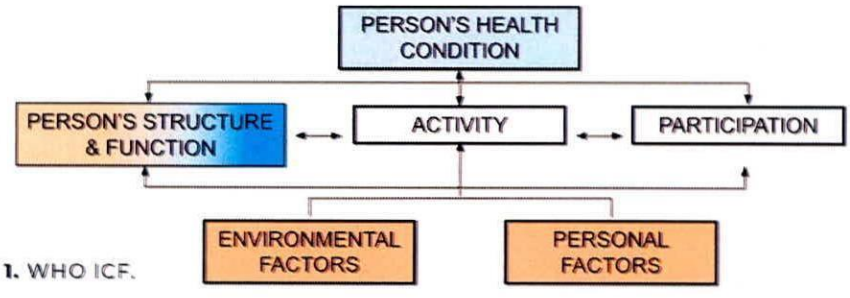


FIG 1. WHO ICF.

GUIDING PRINCIPLES

DISABILITY DEFINITIONS & COMPONENTS

The ICF components and their respective domains are described as follows in the World Health Organization, ICF Checklist Version 2.1 Standards:

1. **Impairment** refers to problems in body structure or function (Table 1), such as a deviation or a loss. Impairment can be temporary or permanent; progressive, regressive or static; intermittent or continuous; the deviation may be slight or severe and may fluctuate over time.

TABLE 1. DOMAINS OF IMPAIRMENT.

Body Functions	Body Structures
Refers to the physiological functions of body systems (including psychological functions)	Refers to the anatomical parts of the body such as organs, limbs and their components
• Mental functions • Sensory functions and pain • Voice and speech functions • Functions of the cardiovascular, haematological, immunological and respiratory systems • Functions of the digestive, metabolic, endocrine systems • Genitourinary and reproductive functions • Neuromusculoskeletal and movement-related functions • Functions of the skin and related structures	• Structure of the nervous system • The eye, ear and related structures Structures involved in voice and speech • Structure of the cardiovascular, immunological and respiratory systems • Structures related to the digestive, metabolic and endocrine systems • Structure related to genitourinary and reproductive systems • Structures related to movement • Skin and related structures

2. **Activity limitations** (Table 2) are defined as the difficulties an individual may have in executing activities or tasks while **Participation restriction** (Table 2) is defined as the problems an individual may experience in involvement in life situations.

TABLE 2. DOMAINS OF ACTIVITIES AND PARTICIPATION.

Domains of Activities and Participation
• Learning and applying knowledge • General tasks and demands • Communication • Mobility • Self-care • Domestic life • Interpersonal interactions and relationships • Major life areas: Community, social and civic life

3. **Environmental factors** refer to the physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning

TABLE 3. ENVIRONMENTAL FACTORS.

Environmental Factors
• Products and technology • Natural environment and human-made changes to environment • Support and relationships • Attitudes • Services, systems and policies

4. **Personal factors** refer to the individual's lifestyle, habits, social background, education, life events, race/ethnicity, sexual orientation and other assets of the individual.

GUIDING PRINCIPLES

DISABILITY DEFINITIONS & COMPONENTS

2 **The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** defines that disability results from the interaction between persons with impairments and attitudinal/environmental barriers that hinder full and effective participation in society on an equal basis with others; and that persons with disabilities include those who have "long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society and on equal basis with others"

3 **Magna Carta for Disabled Persons or RA 7277** states that disability shall mean 1). Physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such an individual; 2) a record of such impairment; 3). Being regarded as having an impairment. Disabled persons are those suffering from restriction or different abilities, as a result of mental, physical or sensory impairment, to perform activity in the manner or within the range considered normal for human being.

4 **Rare Diseases Act of the Philippines or RA 10747.** Persons with rare diseases shall be considered as persons with disabilities.

5 **National Cancer Program or RA 1121.** Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities.

6 **DOH Administrative Orders 2013-0095A and 2013-0095B** (Table 4) as basis for the definitions of disability categories.

TABLE 4. DISABILITY CATEGORIES.

Disability Category	Definition
Deaf or Hard of Hearing	Refers to people with hearing loss, implies little or no hearing/ranging from mild to severe. Hearing loss, also known as hearing impairment, means the complete or partial loss of the ability to hear from one or both ears with 26 dB or greater hearing threshold, averaged at frequencies' 0.5, 1, 2, 4 kilohertz.
Intellectual Disability	A significantly reduced ability to understand new or complex information and to learn and apply new skills.
Learning Disability	Persons who, although normal in sensory, emotional and intellectual abilities, exhibit disorders in perception, listening, thinking, reading, writing, spelling, and arithmetic.
Mental Disability	Disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorder)

GUIDING PRINCIPLES

DISABILITY DEFINITIONS & COMPONENTS

TABLE 4. DISABILITY CATEGORIES.

Disability Category	Definition
Physical Disability	A restriction of ability due to any physical impairment that affects a person's mobility, function, endurance or stamina to sustain prolonged physical ability, dexterity to perform tasks skillfully and quality of life. Causes may be hereditary or acquired from trauma, infection, surgical or medical condition and include the following disorders, namely: (1) Musculoskeletal or orthopedic disorders (2) Neurological disorders (3) Cardiopulmonary disorders (4) Pediatric and congenital disorders
Psychosocial Disability	Any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing processes or activities to daily living such as but not limited to deviancy or anti-social behavior.
Speech and Language Disability	Mean one or more speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive processes of language.
Visual Disability	A person with visual disability (Impairment) is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has visual acuity in the better eye of less than (6/18 for low vision and 3/60 for blind), or a visual field of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 on worse or your side vision is 20 degrees or less in the better eye
Cancer	Cancer refers to a genetic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs
Rare Diseases	Refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrence as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e., life threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases

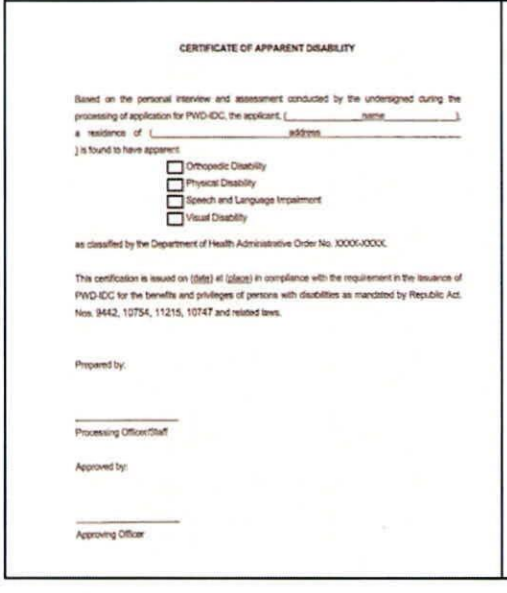
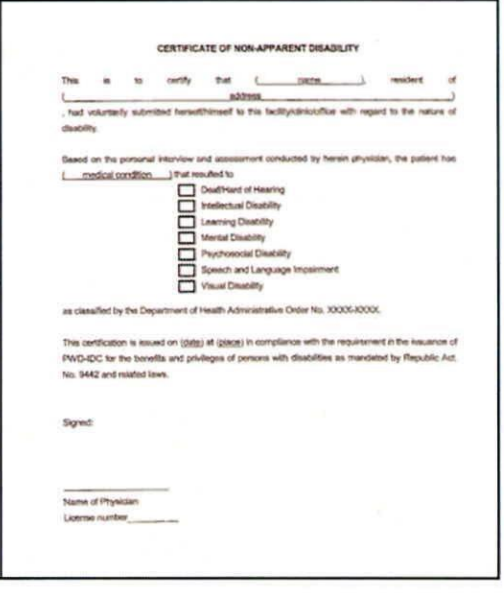
7 **Issuance of Persons With Disabilities Identification Card Relative to Republic Acts 9442, 10754, 11215, 10747 or NCDA Administrative Order 001 – 2021** serves as a guideline on the definitions of disability categories and provision of person with disability ID card, including apparent and non-apparent disability (Table 5).

1. **Apparent Disability** refers to the disability where impairment (physical, mobility or function as totally blind or missing limb, limping & the like) that leads to the inability to perform activity and/or restriction in community participation, is physically identified or visually observed by frontliners
2. **Non-apparent Disability** refers to the disability where impairment that leads to the inability to perform activity and/or restriction in community participation with or without an assistive device, is not physically identified/ manifested or visually observed by frontliners

GUIDING PRINCIPLES

DISABILITY DEFINITIONS & COMPONENTS

TABLE 5. APPARENT AND NON-APPARENT DISABILITIES.

Apparent Disability	Non-Apparent Disability
Refers to disability where impairment (physical, mobility or function as totally blind or missing limb, limping & the like) that leads to the inability to perform activity and/or restriction in community participation, is physically identified or visually observed by front liners	Refers to disability where impairment that leads to the inability to perform activity and/or restriction in community participation with or without an assistive device, is not physically identified/ manifested or visually observed by front liners
 CERTIFICATE OF APPARENT DISABILITY Based on the personal interview and assessment conducted by the undersigned during the processing of application for PWD-IDC, the applicant, (_____name_____), a residence of (_____address_____) is found to have apparent: ☐ Orthopedic Disability ☐ Physical Disability ☐ Speech and Language Impairment ☐ Visual Disability as classified by the Department of Health Administrative Order No. XXXX-XXXX. This certification is issued on (date) at (place) in compliance with the requirement in the issuance of PWD-IDC for the benefits and privileges of persons with disabilities as mandated by Republic Act. Nos. 9442, 10754, 11215, 10747 and related laws. Prepared by: _____ Processing Officer/Staff Approved by: _____ Approving Officer	 CERTIFICATE OF NON-APPARENT DISABILITY This is to certify that (_____name_____), resident of (_____address_____), had voluntarily submitted herself/himself to this facility/clinic/office with regard to the nature of disability. Based on the personal interview and assessment conducted by herein physician, the patient has (_____medical condition_____) that resulted to ☐ Deaf/Hard of Hearing ☐ Intellectual Disability ☐ Learning Disability ☐ Mental Disability ☐ Psychosocial Disability ☐ Speech and Language Impairment ☐ Visual Disability as classified by the Department of Health Administrative Order No. XXXX-XXXX. This certification is issued on (date) at (place) in compliance with the requirement in the issuance of PWD-IDC for the benefits and privileges of persons with disabilities as mandated by Republic Act. No. 9442 and related laws. Signed: _____ Name of Physician License number_____

3. **Disability Assessor** refers to the duly authorized personnel that will assess person with apparent and/or non-apparent disability and issue medical and/or certificate of disability

Frontliner	Specialists
Refers to the focal person who assesses and issues a disability certificate to a person with apparent disability. A frontliner can be a CSWD, MSWD or PDAO, or allied health professional. • Municipal/City Social Welfare and Development Officer (MSWDO/CSWDO) – refers to an officer appointed by Municipal/City Social Welfare and Development Office who attends to concerns related to persons with disabilities • Person with Disabilities Affairs Officer (PDAO) – refers to an officer appointed by the Persons with Disabilities Affairs Office in all provinces, cities, and first (1st), second (2nd) and third (3rd) class municipalities under the office of the governor, city or municipal mayor, respectively. • Designated focal person – refers to an official/staff in the fourth (4th), fifth (5th) and sixth (6th) class municipalities designated or appointed by the municipal mayor to perform the functions of PDAO.	Refers to a trained medical physician who with competence to assess and issue a medical & disability certificate to a person with either apparent or nonapparent disability. A specialist can also refer to allied health professionals who are involved in the assessment, diagnosis and management of persons with disabilities. They cannot issue a medical certificate.

GUIDING PRINCIPLES

UNIVERSAL HEALTH CARE (UHC) ACT AND ACCESSIBLE, AFFORDABLE HEALTH & REHABILITATION SERVICES

The Universal Health Care (UHC) Act (RA 11223) shall ensure that all Filipinos (population coverage) are guaranteed equitable access to quality health services (prevention, promotion, treatment, rehabilitation, palliation) without suffering the financial hardship associated with paying for care (financial risk coverage).

1. Accessible Health and Rehabilitation Services is made possible through the **Health Care Provider Network (HCPN)** of UHC where a group of primary to tertiary care providers, public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as navigator and coordinator of health care within the network.
2. **Financial risk protection** shall be made possible through inclusion of the following **PhilHealth Benefit Packages** at the primary care level:
   a. 2024 roll-out of the Adult Rehabilitation PhilHealth package PhilHealth Studies Forum Talakayang Heartbeat September 2023
   b. PhilHealth reimbursement packages (i.e. Z MORPH, Expanded Z MORPH, and Z-Benefit Package for Children with Disabilities) PhilHealth Circulars 2013-001, 2016-003,2017-002,2017-003,2018-001
   c. Community-Based Rehabilitation integration within HCPN

FUNCTION-BASED REHABILITATION MODEL ACTA MEDICA PHILIPPINA 2022 FUNCTION-BASED REHABILIATION MODEL: AN INITIAL STEP TOWARDS UNIVERSAL HEALTH COVERAGE

1

The Function – Based Rehabilitation Model utilizes the WHO-ICF, UNCRPD and RA 7277 for its unified pathway of disability assessment (Figure 2) which starts with impairment classification of disease, towards determination of disability category (mobility, self – care, cognitive, behavioral, communication) on the basis of the interaction of impairment with activity performance and community participation; utilization of prognostics for inapparent disability, disability of severity (mild, moderate, severe) and determination if rehabilitation management is needed or not needed

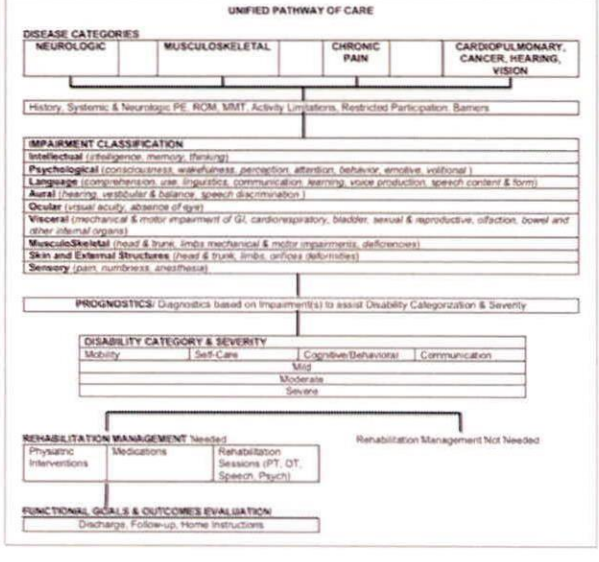

UNIFIED PATHWAY OF CARE
DISEASE CATEGORIES
NEUROLOGIC
MUSCULOSKELETAL
CHRONIC PAIN
CARDIOPULMONARY, CANCER, HEARING, VISION
History, Systemic & Neurologic PE, ROM, MMT, Activity Limitations, Restricted Participation, Barriers
IMPAIRMENT CLASSIFICATION
Intellectual (intelligence, memory, thinking)
Psychological (consciousness, wakefulness, perception, attention, behavior, emotive, volitional)
Language (comprehension, use, linguistics, communication, learning, voice production, speech content & form)
Aural (hearing, vestibular & balance, speech discrimination)
Ocular (visual acuity, absence of eye)
Visceral (mechanical & motor impairment of GI, cardiorespiratory, bladder, sexual & reproductive, olfaction, bowel and other internal organs)
MusculoSkeletal (head & trunk, limbs mechanical & motor impairments, deficiencies)
Skin and External Structures (head & trunk, limbs, orifices deformities)
Sensory (pain, numbness, anesthesia)
PROGNOSTICS: Diagnostics based on Impairment(s) to assist Disability Categorization & Severity
DISABILITY CATEGORY & SEVERITY
Mobility
Self-Care
Cognitive/Behavioral
Communication
Mild
Moderate
Severe
REHABILITATION MANAGEMENT Needed
Rehabilitation Management Not Needed
Physiatric Interventions
Medications
Rehabilitation Sessions (PT, OT, Speech, Psych)
FUNCTIONAL GOALS & OUTCOMES EVALUATION
Discharge, Follow-up, Home Instructions

FIG 2. FUNCTION-BASED REHABILITATION MODEL - UNIFIED PATHWAY.

GUIDING PRINCIPLES

FUNCTION-BASED REHABILITATION MODEL ACTA MEDICA PHILIPPINA 2022 FUNCTION-BASED REHABILIATION MODEL: AN INITIAL STEP TOWARDS UNIVERSAL HEALTH COVERAGE

2 The Function-Based Rehabilitation Model utilizes the disability definitions so appropriate & accessible rehabilitation or habilitation services (restorative, preventive, maintenance) can be provided at all levels of care (primary, secondary, tertiary) and integrated within the UHC Health care Provider Network

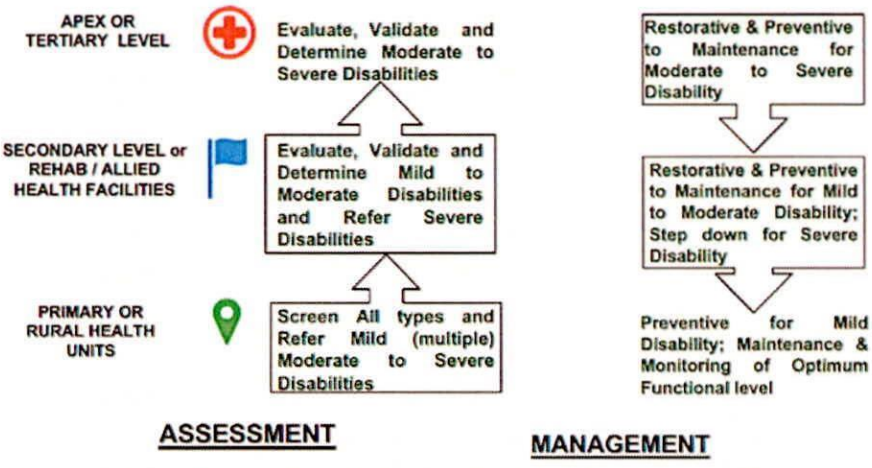

APEX OR TERTIARY LEVEL
Evaluate, Validate and Determine Moderate to Severe Disabilities
SECONDARY LEVEL or REHAB / ALLIED HEALTH FACILITIES
Evaluate, Validate and Determine Mild to Moderate Disabilities and Refer Severe Disabilities
PRIMARY OR RURAL HEALTH UNITS
Screen All types and Refer Mild (multiple) Moderate to Severe Disabilities
Restorative & Preventive to Maintenance for Moderate to Severe Disability
Restorative & Preventive to Maintenance for Mild to Moderate Disability; Step down for Severe Disability
Preventive for Mild Disability; Maintenance & Monitoring of Optimum Functional level
ASSESSMENT
MANAGEMENT

FIG 3. FUNCTION-BASED REHABILITATION MODEL - LEVELS OF CARE.

3 The Function-Based Rehabilitation Model's disability definitions serve as basis for the PhilHealth Reimbursement Packages (Table 6) in order to provide and ensure financial risk protection for all Filipinos

TABLE 6. FUNCTION-BASED REHABILITATION MODEL - PHILHEALTH BENEFIT PACKAGES.

DISABILITY CATEGORY	CHILDREN WITH DISABILITIES 0 to <18 y/o		ADULT WITH DISABILITIES ≥18 y/o	
	REHABILITATION INTERVENTION	ASSISTIVE TECHNOLOGY	REHABILITATION INTERVENTION	ASSISTIVE TECHNOLOGY
VISION	/	/		
HEARING	/	/		
DEVELOPMENTAL	/			
MOBILITY	/	/	/	/
SELF-CARE			/	/
COGNITIVE BEHAVIORAL			/	/
COMMUNICATION			/	/

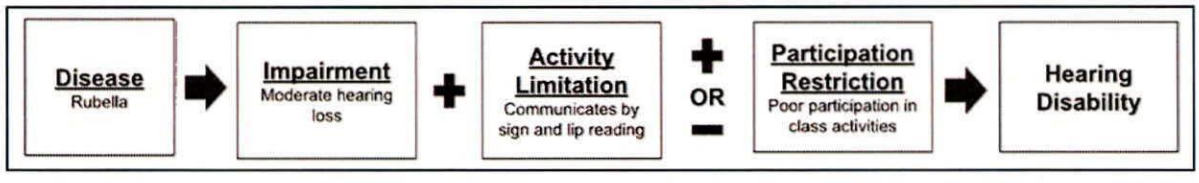
DISABILITY CATEGORIES

The following section pertains to the recommendations made during the consultation writeshops on the disability categories included in the DOH PRPWD Registry Version 4.0. Each disability category shall discuss the framework for disability, basis for the harmonized definition, updated definitions including criteria for apparent and/or non-apparent disability and criteria for assessment and reassessment.

A. HEARING DISABILITY

FRAMEWORK FOR HEARING DISABILITY

Hearing disability is brought upon by hearing impairments due to a disease or condition that leads to limitation or the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 defines Persons with Hearing Impairment as individuals with auditory disabilities ranging from mild to profound hearing loss.

- DOH AO 2009 defines the following terms:
  - Hearing Disability refers to moderate or worse hearing impairment in the better ear as the permanent unaided hearing threshold level of the better ear of 41 or 31 decibels or greater in age under 15 years old.
  - Hearing Impairment refers to the complete or partial loss of the ability to hear from one or both ears, with 25 decibels or greater hearing threshold, average at frequencies 0.5, 1.0, 2.0 and 4.0 kilohertz.

- DOH AO 2013-0005-A defines the following terms:
  - Deaf or Hard of Hearing refers to people with hearing loss, implies little or no hearing/ranging from mild to severe.
  - Hearing loss, also known as hearing impairment, refers to the complete or partial loss of the ability to hear from one or both ears with 26 dB or greater hearing threshold, averaged at frequencies 0.5,1, 2, 4 kilohertz.

- NCDA AO 2021 classifies all deaf and hard of hearing as non-apparent.

- World Health Organization (2022) published the new thresholds for hearing impairment are stipulated as Grades of Hearing Loss and related experience.

A. HEARING DISABILITY

DEFINITION OF HEARING DISABILITY

A.1. Hearing Disability otherwise referred to as hearing loss, hearing impairment, or deafness, refers to the complete or partial loss of hearing from one or both ears with greater than or equal to 20 decibels (dB) hearing threshold, but shall include significant activity limitation and participation restriction for mild hearing deficit.

TABLE 7. HEARING THRESHOLDS FOR UNILATERAL MILD EAR DEFICIT.

	Mild	Moderate	Severe
Impairment	20-39 db	40-60 db	>61 db
Activity Limitation	Limited activity performance		
Participation Restriction	Limited participation		

A.2. Examples of Apparent and Non-apparent Hearing Disability.

Apparent Disability	Non-Apparent Disability
• Congenital aural atresia • Post-reconstruction • Use of Sign Language	• Difficulty of hearing • Microtia (small pinna) • Amplifier or similar assistive devices

A.3. Criteria for Assessment and Reassessment of Hearing Disability.

A.3.1. Disability Assessors for Hearing Disability.

Frontliners	Specialists
• A trained municipal health officer (MHO) or general practitioner can issue a certificate of apparent disability. For a certificate of non-apparent disability, a hearing test result from audiologist/ENT or a medical certificate from ENT is needed. • Appropriately-trained issuing officer such as MSWDO, CSWDO, PDAO or designated focal person can issue a certificate of apparent disability.	• An Otorhinolaryngologist (ENT) issues medical certificate and certificate of non-apparent disability • A speech-language pathologist and audiologist can issue a certificate of non-apparent disability, provided that there is a hearing test result or a medical certificate from ENT.

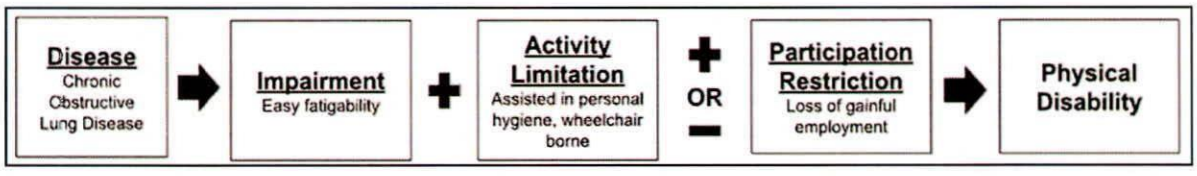
A.3.2. Requirements for Assessment and Reassessment of Hearing Disability.

1. Hearing test is required for the initial assessment of non-apparent disability.
2. Reassessment shall be upon the advice of the appropriate assessor.

B. PHYSICAL DISABILITY

FRAMEWORK FOR PHYSICAL DISABILITY

Physical disability is brought upon by impairments in musculoskeletal, visceral, sensory, skin, and external structures due to a disease or condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 defines Orthopedic Disability as disability in the normal functioning of the joints, muscles, and limbs.

- DOH AO 2013-0005-A
  - Orthopedic disability – disability in the normal functioning of the joints, muscles, and limbs.
  - Physical Disability – any impairment which limits the function of limbs or fine gross motor ability.

- DOH AO 2013-0005-B
  - Physical Disability – is a restriction of ability due to any physical impairment that affects a person's mobility, function, endurance or stamina to sustain prolonged physical ability, dexterity to perform tasks skillfully and quality of life. Causes may be congenital or acquired from trauma, infection, surgical or medical condition and include following disorders, namely:
    - Connective tissue, Musculoskeletal or Orthopedic disorders
    - Neurological or neuromuscular disorders
    - Cardiopulmonary disorders
    - Pediatric and congenital disorders

DEFINITION OF PHYSICAL DISABILITY

B.1. Physical disability is a restriction due to any physical impairment such as significant affectation of strength, endurance, stamina, and flexibility to perform functional tasks, activities of daily living, and participation in their community. Causes may be congenital or acquired from trauma, infection, surgical or medical condition and include following disorders, namely:

1. Connective tissue, Musculoskeletal or Orthopedic disorders
2. Neurological or neuromuscular disorders
3. Cardiopulmonary disorders
4. Pediatric and congenital disorders
5. Immunologic, endocrine and metabolic disorders

B. PHYSICAL DISABILITY

B.2. Criteria for Apparent and Non-apparent Physical Disability.

Apparent Disability	Non-Apparent Disability

• Limb loss and deficiency (i.e. amputation, leg length discrepancy)
• Gait deviation despite use of assistive device,
• Inability to stand and sit without support
• Contractures secondary to burns
	• Impairment in structures and functions related to the following systems:
	  ◦ Cardiovascular (i.e. Myocardial Ischemia, Angina, Congestive Heart Failure, Congenital Heart Diseases, Atherosclerosis, Hypertension, Venous Insufficiency)
	  ◦ Haematological (i.e. Hemophilia, Leukemia, Lymphoma, Myeloma)
	  ◦ Immunological (i.e. Systemic Lupus Erythematosus, Psoriasis, Vasculitis)
	  ◦ Respiratory (i.e. Chronic Obstructive Pulmonary Disease, Pneumonia, Asthma, Pulmonary Tuberculosis, Bronchiectasis, Sleep Apnea)
	  ◦ Metabolic and Endocrine (i.e. Diabetes Mellitus, Hypothyroidism, Hyperthyroidism, Goiter)
	  ◦ Neuromusculoskeletal and movement
	  ▪ Neurologic (i.e. Multiple Sclerosis, Guillain-Barré Syndrome, Nerve Entrapment, Sciatica, Spinal Cord Injury, Disc Herniation, Transient Ischemic Attack, Dementia, Parkinson)
	  ▪ Musculoskeletal (i.e. Sprain, Strain, Muscle tear, Scoliosis, Pott's Disease, Myofascial Pain Syndrome, Osteoporosis, Spondylosis, Stenosis, Trigger Finger, Arthritis, Gout)

B.3. Criteria for Assessment and Reassessment of Physical Disability.

B.3.1. Disability Assessors for Physical Disability.

Frontliners	Specialists

• Appropriately-trained issuing officer such as MSWDO, CSWDO, PDAO or designated focal person can issue a certificate of apparent disability.
• Trained allied health professionals can issue a certificate of apparent disability.
	• Appropriate specialist or trained general practitioners can issue medical certificate and certificate of non-apparent/apparent disability. Specialists include:
	  ◦ Rehabilitation medicine physician
	  ◦ Cardiologist (for cardiovascular conditions)
	  ◦ Hematologist (for hematologic conditions)
	  ◦ Immunologist (for immunologic conditions)
	  ◦ Pulmonologist (for pulmonary conditions)
	  ◦ Endocrinologist (for metabolic and endocrine conditions)
	  ◦ Neurologist
	  ◦ Orthopedic physician (for orthopedic conditions)
	  ◦ Internal medicine physician
	  ◦ Pediatrician
	  ◦ Family physician

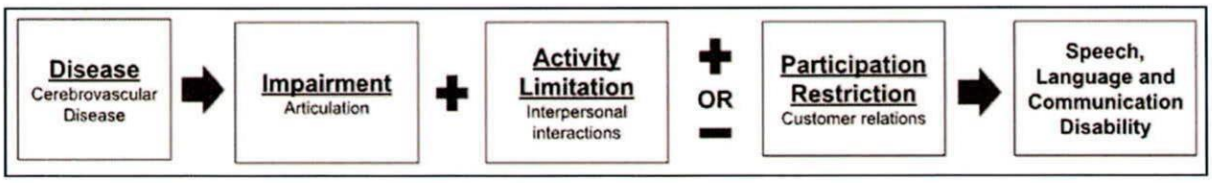
B.3.2. Requirements for Assessment and Reassessment of Physical Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

C. SPEECH, LANGUAGE AND COMMUNICATION DISABILITY

FRAMEWORK FOR SPEECH, LANGUAGE AND COMMUNICATION DISABILITY

Speech, language and communication disability is brought upon by speech and language impairments (articulation, fluency receptive, expressive processes) due to a disease or condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- DOH AO 2009 and DOH AO 2013-0005-A and B define speech and language impairments as one or more speech and language disorders of voice, articulation, rhythm, and/or receptive or expressive processes of language

- RA 11249 (Practice of Speech-Language Pathology) defines the following terms regarding speech and language disability:
  - Communication Disorder refers to the impairment in the ability to receive and/or process symbol systems, represent concepts in systems, or transmit and use symbol systems. The impairment may be observed in the disorders of hearing, language, and speech process
  - Language refers to any socially and culturally accepted, structured symbolic system for interpersonal communication composed of sounds, letters, manual sign or other symbols arranged in ordered sequences or strings that express thoughts, intentions, experiences and feelings comprised of orthographic, phonological, syntactic, semantic or pragmatic components.
  - Speech refers to the medium of oral communication that employs a linguistic code (language). Through this medium, one can express thoughts and feelings, and understand those of others who employ the same code.

- RA 7277: Communication Deficit was stated in Section 4B of the IRR of Magna Carta for Persons with Disabilities but was not defined.

DEFINITION OF SPEECH, LANGUAGE AND COMMUNICATION DISABILITY

C.1. Speech, language and communication disability is brought upon by speech and language impairments (articulation, fluency, receptive and/or expressive processes) due to a disease or condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community.

C. SPEECH, LANGUAGE AND COMMUNICATION DISABILITY

C.2. Examples of Apparent and Non-apparent Speech, Language and Communication Disability.

Apparent Disability	Non-Apparent Disability
• Voice/laryngeal prosthesis • Tracheostomy tube • Cleft lip and palate • Macroglossia	• Aphasia • Apraxia • Stuttering • Slurred speech

C.3. Criteria for Assessment and Reassessment of Speech, Language and Communication Disability.

C.3.1. Disability Assessors for Speech, Language and Communication Disability.

Frontliners	Specialists
• A general practitioner trained in speech, language, and communication, can issue certificate of apparent disability. They may also issue certificate of non-apparent disability provided that a medical certificate from a specialist is presented. • Appropriately-trained issuing officer such as MSWDO, CSWDO, PDAO or designated focal person can issue a certificate of apparent disability. • Trained allied health professionals or SNED teacher can issue certificate of apparent disability.	• An ENT or neurologist or rehabilitation medicine physician or developmental pediatrician can issue medical certificate and certificate of non-apparent/apparent disability • In the absence of ENT, a licensed speech-language pathologist issues certificate of non-apparent/apparent disability

C.3.2. Requirements for Assessment and Reassessment of Speech, Language and Communication Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

D. VISUAL DISABILITY

FRAMEWORK FOR VISUAL DISABILITY

Visual disability is brought upon by visual impairments due to a disease or condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community

BASIS FOR HARMONIZED DEFINITION

- RA 7277 defines Persons with Visual Impairment are individuals with visual disabilities ranging from partial to total loss of vision.

- DOH AO 2009 and DOH AO 2013-0005-A
  - Visual Disability refers to impairment of visual functioning even after treatment and/or standard refractive correction and has visual acuity in the better eye of less than (6/18 for low vision and 3/60 for blind), or a visual field of less than 10 degrees from the point of fixation.
  - A certain level of visual impairment is defined as legal blindness. One is legally blind when the best corrected central visual acuity in your better eye is 6/60 on the worse, or your side vision is 20 degrees or less in the better eye.

- WHO World Report on Vision (2019) defines the following terms:
  - Visual Impairment "results when an eye condition affects the visual system and one or more of its vision functions." The visual acuity of the better eye can be a basis for the classification of the severity of visual impairment (Table 8).

TABLE 8. VISUAL IMPAIRMENTS.

Category	Visual Acuity in the Better Eye	
	Worse than	***Equal to or better than***
Mild vision impairment	6/12	6/18
Moderate vision impairment	6/18	6/60
Severe vision impairment	6/60	3/60
Blindness	3/60	
Near vision impairment	N6 or M 0.8 at 40 cm	

SOURCE: WHO WORLD REPORT ON VISION (2019).

D. VISUAL DISABILITY

- "Disability refers to the impairments, limitations, and restrictions that a person with an eye condition faces in the course of interacting with her or his environment – physical, social, or attitudinal."
- "A person with an eye condition experiencing vision impairment or blindness and facing environmental barriers, such as not having access to eye care services and assistive products, will likely experience far greater limitations in everyday functioning, and thus higher degrees of disability."

DEFINITION OF VISUAL DISABILITY

D.1. Visual Disability refers to impairment of visual functioning even after treatment and/or standard refractive correction and has visual acuity in the better eye of worse than 6/18 m (or 20/60 ft) for low vision and 3/60 m (or 10/200 ft) for blind, or a visual field of worse than 10 degrees from the point of fixation, or peripheral vision loss, that leads to the limitation or inability to perform activities of daily living and restrict participation in their community.

D.2. Examples of Apparent and Non-apparent Visual Disability.

Apparent Disability	Non-Apparent Disability
• Visible tumor/mass (ex. retinoblastoma) • Eye deformities (ex. microphthalmia) • Absence of both eyes • Total corneal opacity in both eyes	• Monocular vision • Tunnel vision/peripheral vision loss • Use of optical and non-optical aides except prosthesis (artificial eye) • Nystagmus • Cross-eyed

D.3. Criteria for Assessment and Reassessment of Visual Disability.

D.3.1. Disability Assessors for Visual Disability.

Frontliners	Specialists
• A trained general practitioner issues medical certificate and non-apparent disability after conduct of visual acuity screening or if with result of peripheral vision test from Ophthalmologist or Optometrist or Neurologist. • Appropriately-trained issuing officer such as MSWDO, CSWDO, PDAO or designated focal person can issue a certificate of apparent disability.	• An Ophthalmologist issues a medical certificate of proofs of visual acuity or peripheral vision test and certificate of non-apparent disability • A Neurologist issues a medical certificate of proofs of visual impairment secondary to neurologic disorder (i.e. homonymous hemianopsia, bitemporal hemianopsia, nystagmus) and certificate of non-apparent disability. • An Optometrist issues a certificate of visual acuity or peripheral vision test (through automated perimetry) and certificate of non-apparent disability.

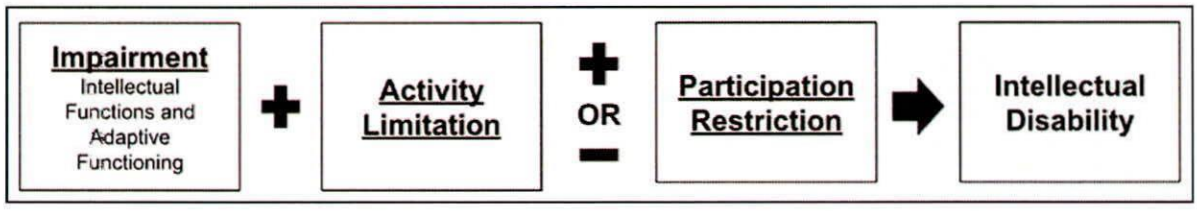
D.3.2. Requirements for Assessment and Reassessment of Visual Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

E. INTELLECTUAL DISABILITY

FRAMEWORK FOR INTELLECTUAL DISABILITY

Intellectual disability refers to impairments or deficits in intellectual functions and adaptive functioning that leads to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 does not define Intellectual Disability.
- DOH AO 2013-0005-B defines Intellectual Disability as a significantly reduced ability to understand new or complex information and to learn and apply new skills.
- DSM-V Criterion for Intellectual Disability highlights the intellectual functions (1) and deficits in adaptive functioning (2).
  - Deficits in intellectual functions, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing. This also includes verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy. This is also applied in three domains or contexts for adaptive behavior
    - Academic domain or conceptual domain - language, reading, writing, math, reasoning, knowledge, and memory.
    - Social understanding or social domain - awareness of others' experiences, empathy, interpersonal communication skills, friendship abilities, social judgment, and self-regulation
    - Practical understanding or practical domain - self-management across life settings, including personal care, job responsibilities, money management, recreation, managing one's behavior, and organizing school and work task organization, among others
  - Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.
  - Onset of intellectual and adaptive deficits during the developmental period (seen before adolescence)
- NCDA AO 2021-0001 classifies Intellectual disability as non-apparent disability.

E. INTELLECTUAL DISABILITY

DEFINITION OF INTELLECTUAL DISABILITY

E.1. Intellectual disability refers to impairments or deficits in intellectual functions and adaptive functioning that leads to the inability of an individual to perform their activities and/or restrict participation in their community.

E.1.1. Deficits in intellectual functions, such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing. This also includes verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy. This is also applied in three domains or contexts for adaptive behavior:

- Academic domain or conceptual domain - language, reading, writing, math, reasoning, knowledge, and memory.
- Social understanding or social domain - awareness of others' experiences, empathy, interpersonal communication skills, friendship abilities, social judgment, and self-regulation
- Practical understanding or practical domain - self-management across life settings, including personal care, job responsibilities, money management, recreation, managing one's behavior, and organizing school and work task organization, among others

E.1.2. Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community.

E.1.3. Onset of intellectual and adaptive deficits during the developmental period (seen before adolescence)

*adapted from DSM-V

E.2. Criteria for Intellectual Disability.

INTELLECTUAL DISABILITY
• Academic domain or conceptual domain - language, reading, writing, math, reasoning, knowledge, and memory. • Social understanding or social domain - awareness of other' experiences, empathy, interpersonal communication skills, friendship abilities, social judgement, and self-regulation • Practical understanding or practical domain - self-management across life settings, including personal care, job responsibilities, money management, recreation, managing one's behavior, and organizing school and work task organization, among others

E.3. Criteria for Assessment and Reassessment of Intellectual Disability.

E.3.1. Disability Assessors for Intellectual Disability.

Frontliners	Specialists
• Trained SPED/SNED can issue certificate of non-apparent disability provided that there is a medical certificate from a specialist or trained general practitioner. • Trained clinical psychologists can issue certificate on non-apparent disability.	Specialists (neurologist, psychiatrist, developmental behavioral pediatrician, rehabilitation medicine physician) or trained general practitioners can issue medical certificate and certificate of non-apparent disability.

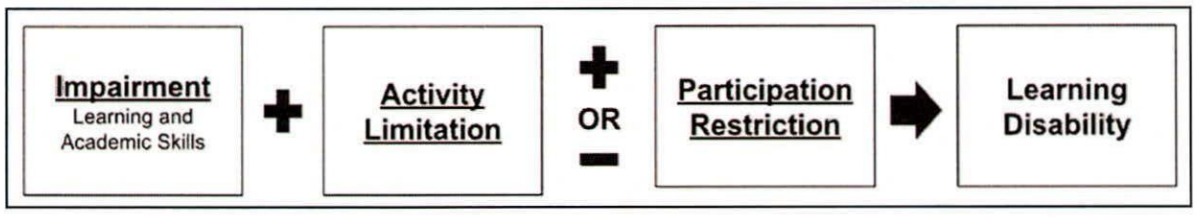
E.3.2. Requirements for Assessment and Reassessment of Intellectual Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

F. LEARNING DISABILITY

FRAMEWORK FOR LEARNING DISABILITY

Learning disability refers to impairments in learning and using academic skills, which leads to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 does not define what is Learning Disability.
- DOH AO 2009-0011 AO 2013-0005-A, and AO 2013-0005-B referred to Learning Disability as persons who, although normal in sensory, emotional and intellectual abilities, exhibit disorders in perception, listening, thinking, reading, writing, spelling, and arithmetic.
- DSM-V Criterion for Learning Disorder:
  - Have difficulties in learning and using academic skills at least one of the following areas for at least six months despite interventions that target the difficulties:
    - Difficulty reading (e.g., inaccurate, slow and only with much effort).
    - Difficulty understanding the meaning of what is read (eg. not understanding the sequence, relationships or meanings)
    - Difficulty with spelling (eg. adding, omitting or substituting consonants).
    - Difficulty with written expression (e.g., problems with grammar, punctuation or organization, lack of clarity in expression of ideas).
    - Difficulty understanding number concepts, number facts or calculation (eg. poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures)
    - Difficulty with mathematical reasoning (e.g., applying math concepts or solving math problems)
  - Have academic skills that are substantially below what is expected for an individual's chronological age and cause problems in school, work or everyday activities.
  - The difficulties start during school-age even if some people don't experience significant problems until adulthood (when academic, work and day-to-day demands are greater)
  - Learning difficulties are not due to other conditions, such as intellectual disability, vision or hearing problems, a neurological condition (e.g., pediatric stroke), psychosocial adversity, lack of instruction, or difficulties speaking/ understanding the language being used for academic instruction
- NCDA AO 2021-0001 classifies learning disability as non-apparent disability.

F. LEARNING DISABILITY

DEFINITION OF LEARNING DISABILITY

F.1. Learning disability refers to impairments in learning and using academic skills, which leads to the inability of an individual to perform their activities and/or restrict participation in their community, in at least one of the following areas for at least six months despite interventions that target the difficulties:

1. Difficulty reading (e.g., inaccurate, slow and only with much effort).
2. Difficulty understanding the meaning of what is read (eg. not understanding the sequence, relationships or meanings)
3. Difficulty with spelling (eg. adding, omitting or substituting consonants).
4. Difficulty with written expression (e.g., problems with grammar, punctuation or organization, lack of clarity in expression of ideas).
5. Difficulty understanding number concepts, number facts or calculation (eg. poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures)
6. Difficulty with mathematical reasoning (e.g., applying math concepts or solving math problems)

**adapted from DSM-V*

F.2. Criteria for Learning Disability.

LEARNING DISABILITY
• Difficulty reading (ex. inaccurate, slow and only with much effort). • Difficult understanding the meaning of what is read (ex. not understanding the sequence, relationships or meanings) • Difficulty with spelling (ex. adding, ommitting or substituting consonants). • Difficulty with written expression (ex. problems with grammar, punctuation or organization, lack of clarity in expression of ideas). • Difficulty understanding number concepts, number facts or calculation (ex. poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures) • Difficulty with mathematical reasoning (ex. applying math concepts or solving math problems)

F.3. Criteria for Assessment and Reassessment of Learning Disability.

F.3.1. Disability Assessors for Learning Disability.

Frontliners	Specialists
• Trained SPED/SNED can issue certificate of non-apparent disability provided that there is a medical certificate from a specialist or trained general practitioner. • Trained clinical psychologists can issue certificate on non-apparent disability.	Specialists (neurologist, psychiatrist, developmental behavioral pediatrician, rehabilitation medicine physician) or trained general practitioners can issue medical certificate and certificate of non-apparent disability.

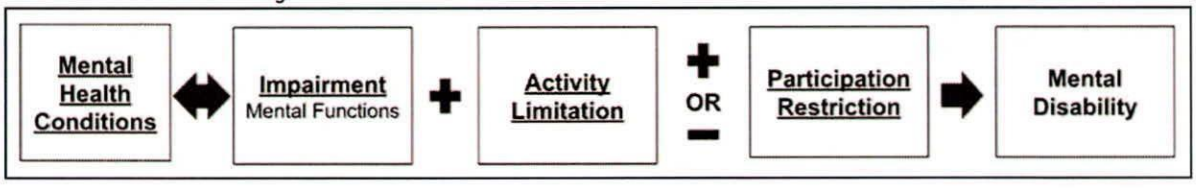
F.3.2. Requirements for Assessment and Reassessment of Learning Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

G. MENTAL DISABILITY

FRAMEWORK FOR MENTAL DISABILITY

Mental disability is brought upon by impairments in mental functions due to a neurobiologic or psychiatric or developmental condition that leads to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 refers to mental disability resulting from organic brain syndromes (example: mental retardation, acquired lesions of the central nervous systems, dementia) and mental illnesses (psychotic and non-psychotic disorders).

- DOH AO 2009 & 2013-0005-A defines Mental Disability as the disability resulting from organic brain syndrome and or mental illness (psychotic or non-psychotic disorder).

- DOH AO 2009 & 2013-0005-A defines Psychosocial Disability as any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing process or activities to daily living such as but not limited to deviancy or anti-social

- NCDA AO 2021-001 classifies mental and psychosocial disability as non-apparent disability

- RA 11036 or the Mental Health Act of 2018 defines "Mental Health Condition" refers to a neurologic or psychiatric condition characterized by the existence of a recognizable, clinically-significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurological, psychosocial, or developmental processes underlying mental functioning. The determination of neurologic and psychiatric conditions shall be based on scientifically-accepted medical nomenclature and best available scientific and medical evidence. "Psychosocial Problems" refers to a condition that indicates the existence of dysfunctions in a person's behavior, thoughts and feelings brought about by sudden extreme, prolonged or cumulative stressors in the physical or social environment;

G. MENTAL DISABILITY

DEFINITION OF MENTAL DISABILITY

G.1. Mental disabilities refers to disabilities due to mental health conditions, referring to neurologic or psychiatric conditions characterized by the existence of a recognizable, clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurobiological, psychosocial, or developmental process underlying mental functioning. These definitions are aligned with the Mental Health Act of 2018.

G.2. For the purposes of this guideline, Mental Disability shall include: Psychiatric, Neurologic, Developmental, and Psychosocial Disability subcategories. These are associated with significant distress, or disturbance, or impairment in family, social, educational, occupational, or other important areas of functioning.

1. **Psychosocial** - refers to disabilities brought about by the conditions that indicate the existence of dysfunctions in a person's behavior, thoughts and feelings brought about by sudden extreme, prolonged or cumulative stressors in the physical or social environment (Mental Health Act of 2018).
2. **Neurologic** - refers to disabilities brought about by conditions affecting the central and peripheral nervous system, including the brain, spinal cord, nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscles (World Health Organization, 2016).
3. **Developmental** - refers to disabilities brought about by diverse conditions identified in infancy, childhood, or adolescence, impacting different developmental domains, including cognition, communication, motor, social, and/or behaviors (Weitzman et al., 2024).
4. **Psychiatric** - refers to disabilities brought about by mental conditions/disorders involving significant disturbances in cognition/thinking, emotional regulation, or behaviour defined by psychiatric, medical and scientific nomenclature.

G.3. Criteria for Mental Disability.

MENTAL DISABILITY

• "Disability brought upon by a mental health condition (as defined by RA 11036: Mental Health Act)" that is known to run a chronic course which leads to impairments affecting the individual's ability to perform their activities and/or restrict participation in their community"
• These mental health conditions (e.g. psychosis and bipolar disorders, epilepsy and seizures, dementia, etc.) can have neurobiologic, psychiatric, developmental causes, presenting with clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a genetic or acquired dysfunction in the neurological, psychological, or developmental process underlying mental functioning
• ICF Mental functions include the following:
  ◦ Global Mental Functions: Consciousness, orientation, Psychosocial functions, temperament and personality, energy and drive, sleep functions
  ◦ Specific Mental Functions: attention, memory, psychomotor, emotional, perpetual, thoughts, higher level cognitive functions, language
• These conditions can be assessed with the degree of severity, chronicity (lasting three months or known to have a chronic course)
• Impairs the functions of self-care, interpersonal relationships, occupation and work

G. MENTAL DISABILITY

G.4. Criteria for Assessment and Reassessment of Mental Disability.

G.4.1. Disability Assessors for Mental Disability.

Frontliners	Specialists
Mental Health Professionals such as psychologist, nurse, social worker or any other appropriately-trained and qualified person with specific skills relevant to the provision of mental health services can issue certificate of non-apparent disability as long as a medical certificate from the specialists or trained general practitioners will be presented (RA 11036).	Specialist (neurologist or psychiatrist or developmental behavioral pediatrician) or trained general practitioners can issue medical certificate and certificate of non-apparent disability.

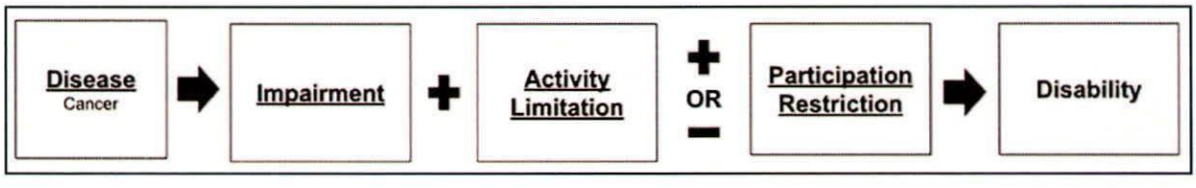
G.4.2. Requirements for Assessment and Reassessment of Mental Disability.

1. The recommended method of initial assessment shall be face-to-face.
2. Reassessment shall be upon the advice of the appropriate assessor.

H. CANCER

FRAMEWORK FOR CANCER & DISABILITY

To provide appropriate assessment and provision of rehabilitation and assistive technology services, it is important to ascertain the impairments in body function and structure resulting from cancer. Impairments in these domains may lead to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 (Magna Carta for Persons with Disabilities) does not define Cancer.
- RA 11215 (National Cancer Program), 2019, Section 25, defines the following:
  - Persons with Disabilities – Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons".

DEFINITION OF CANCER

H.1. Cancer refers to a genetic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organ.

H.1.2. Persons with Disabilities – Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities (PWDs) in accordance with Republic Act No. 7277, as amended, otherwise known as the "Magna Carta for Disabled Persons" (Article 7, Section 25).

H.2. Criteria for Assessment and Reassessment of Cancer & Disability.

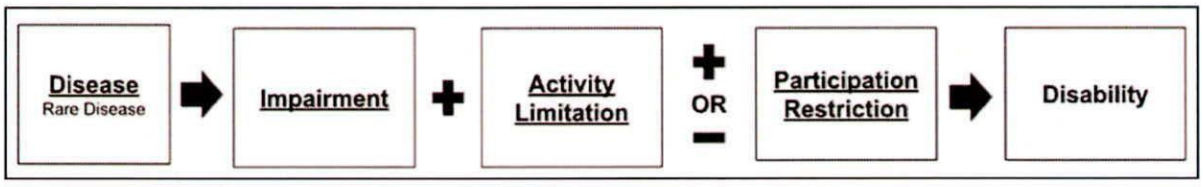
H.2.1. Requirements for Assessment and Reassessment of Cancer & Disability.

1. Impairments resulting from Cancer should still be identified in the medical certificate to enable appropriate assessment and provision of rehabilitation and assistive technology services.
2. Reassessment shall be upon the advice of the specialist, and requirements shall include a medical certificate, following a face-to-face consult or a teleconsult.

I. RARE DISEASES

FRAMEWORK FOR RARE DISEASE & DISABILITY

To provide appropriate assessment and provision of rehabilitation and assistive technology services, it is important to ascertain the impairments in body function and structure resulting from the rare disease/s. Impairments in these domains may lead to the inability of an individual to perform their activities and/or restrict participation in their community.



BASIS FOR HARMONIZED DEFINITION

- RA 7277 does not define Rare Diseases

- RA 10747 (Rare Disease Act), 2016 defines the following:
  - Rare disease refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrences as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e., life-threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.
  - Designation of Persons with Rare Disease as Persons with Disabilities (PWDs). — Persons with rare disease shall be considered as persons with disabilities (PWDs), in accordance with Republic Act No. 7277, as amended, or the Magna Carta for Disabled Persons (Article 6, Section 10).

DEFINITION OF RARE DISEASES

I.1. Rare disease refers to disorders such as inherited metabolic disorders and other diseases with similar rare occurrences as recognized by the DOH upon recommendation of the NIH but excluding catastrophic (i.e., life-threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.

I.1.2. Designation of Persons with Rare Disease as Persons with Disabilities (PWDs). — Persons with rare disease shall be considered as persons with disabilities (PWDs), in accordance with Republic Act No. 7277, as amended, or the Magna Carta for Disabled Persons (Article 6, Section 10).

I.2. Requirements for Assessment and Reassessment of Rare Disease & Disability.

1. Impairments resulting from Rare Diseases shall still be identified in the medical certificate to enable appropriate assessment and provision of rehabilitation and assistive technology services.
2. Reassessment shall be upon the advice of the specialist, and requirements shall include a medical certificate, following a face-to-face consult or a teleconsult.

RECOMMENDATIONS

HEARING DISABILITY

a. The validity of the hearing test is within six (6) months.
b. Renewal is every 5 years as per NCDA AO 2021-001.

INTELLECTUAL DISABILITY

a. Renewal is every 5 years as per NCDA AO 2021-001. Medical certificate is still required for renewal.
b. Adapt a Filipino Filipinoand culturally-sensitive Vineland Adaptive Behavior Scales for frontline personnel, given that the screening tool is available, contextualized to local setting, and training is available.
    i. Consider purchasing BRIGANCE at the MHO level, given that the tool is available, contextualized to local settings, and training is available.

LEARNING DISABILITY

a. Renewal is every 5 years as per NCDA AO 2021-0001. Medical certificate is still required for renewal.

MENTAL DISABILITY

a. Renewal is every 5 years as per NCDA AO 2021-0001. Medical certificate is still required for renewal.
b. There is a need to include/reflect or gauge how psychosocial/mental health conditions affect the individual's social and environmental factors, and activity and participation in the classification of disability. There can be a tool that can determine the extent of how the condition affects one's day-to-day life (i.e. WHO DAS v2), given that the screening tool is available, contextualized to local setting, and training is available.

PHYSICAL DISABILITY

a. Renewal is every 5 years as per NCDA AO 2021-001.
    i. Apparent: Renewal can be conducted for the purpose of updating. It can be conducted via teleconsultation.
    ii. Non-apparent: Medical certificate is still required for renewal. It can be conducted via face to face or teleconsultation.
b. Adapt a screening tool that will reflect activity limitation and participation restriction for disability that will aid in the identification and categorization of physical disability, given that the screening tool is available, contextualized to local setting, and training is available
    i. Conduct training for focal persons to correctly identify physical apparent disability in the use of outcome measure tools such as Functional Independence Measure Functional Assessment Measure (FIM + FAM), Lawton Instrumental Activities of Daily Living Scale (IADL), Katz's Index of Independence in Activities of Daily Living (Katz ADL).

RECOMMENDATIONS

SPEECH, LANGUAGE AND COMMUNICATION DISABILITY

a. Renewal is highly recommended as speech and language conditions can transition to become an intellectual disability (ID) or learning disability (LD), or could persist as a speech and language disability, or better yet, can fully recover from the disability.
   i. Apparent: renewal can be conducted for the purpose of updating. It can be conducted via teleconsultation.
   ii. Non-apparent: same requirements as first issuance. Individuals can be physically present but can also be conducted via teleconsultation.
b. Renewal is every 5 years as per NCDA AO 2021-001.

VISUAL DISABILITY

a. The validity of the visual acuity and peripheral vision is within three (3) months.
b. Renewal is every 5 years as per NCDA AO 2021-001.
   i. Apparent: Renewal can be conducted for the purpose of updating. It can be conducted via teleconsultation.
   ii. Non-apparent: Same requirements as first issuance. Renewal should be conducted face-to-face.

CANCER

a. No further recommendations.

RARE DISEASES

a. No need for repeat testing if previous genetic testing is available. The patient and/or caregiver must present previous genetic test results as part of the requirement.

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ANNEX A. GRADES OF HEARING LOSS FOR BOTH EARS AND RELATED HEARING EXPERIENCE.

Grade	Hearing threshold[1] in better hearing ear in decibels (dB)	Hearing experience in a quiet environment for most adults	Hearing experience in a noisy environment for most adults
Normal hearing	Less than 20 dB	No problem hearing sounds	No or minimal problem hearing sounds
Mild hearing loss	20 to < 35 dB	Does not have problems hearing conversational speech	May have difficulty hearing conversational speech
Moderate hearing loss	35 to < 50 dB	May have difficulty hearing conversational speech	Difficulty hearing and taking part in conversation
Moderately severe hearing loss	50 to < 65 dB	Difficulty hearing conversational speech; can hear raised voices without difficulty	Difficulty hearing most speech and taking part in conversation
Severe hearing loss	65 to < 80 dB	Does not hear most conversational speech; may have difficulty hearing and understanding raised voices	Extreme difficulty hearing speech and taking part in conversation
Profound hearing loss	80 to < 95 dB	Extreme difficulty hearing raised voices	Conversational speech cannot be heard
Complete or total hearing loss/deafness	95 dB or greater	Cannot hear speech and most environmental sounds	Cannot hear speech and most environmental sounds
Unilateral	< 20 dB in the better ear, 35 dB or greater in the worse ear	May not have problem unless sound is near the poorer hearing ear. May have difficulty in locating sounds	May have difficulty hearing speech and taking part in conversation, and in locating sounds

WORLD HEALTH ORGANIZATION, 2022.

ANNEX B. LIST OF RARE DISEASES.

Appendix E. List of Rare Diseases of the Philippines (2022)

1. 3-Methylcrotonyl Co-A Carboxylase Deficiency (3MCCC)
2. 3-Methylglutaconic aciduria
3. Achalasia
4. Achard-Thiers Syndrome
5. Acute Lymphoblastic Leukemia
6. Aneurysms in Children
7. Aplastic Anemia
8. Arginosuccinate Lyase Deficiency Syndrome
9. Basal Cell Nevus Syndrome (Gorlin Goltz Syndrome)
10. Biotinidase Deficeincy
11. Behcet Disease
12. Beta-Ketothiolase Deficiency
13. Biliary Atresia
14. Bladder Cancer
15. Cat-Scratch Disease
16. Central Diabetes Insipidus
17. Choledochal Cyst
18. Cholesteryl Ester Storage Disorder
19. Chronic Granulomatous Disease
20. Citrin Deficiency
21. Citrullinemia Type 1
22. Cloacal Malformation (Persistent Cloaca)
23. Congenital Adrenal Hyperplasia
24. Congenital Central Hypoventilation Syndrome
25. Congenital Hyperinsulinism
26. Conjoined twins
27. CPS I deficiency
28. CPT 1 deficiency
29. CPT 2 Deficiency
30. CUD
31. Cystinuria
32. DAVF in children
33. DHPR Deficiency
34. Diamond Blackfan Anemia
35. Distal vaginal agenesis
36. Eosinophilic Colitis
37. Epidermolysis Bullosa
38. Erdheim Chester Disease
39. Evans Syndrome
40. Exstrophy of the Bladder
41. Fabry disease
42. Fowler's Syndrome
43. Galactosemia
44. Gastric Cancer
45. gastrointestinal stromal tumor (GIST)
46. Gaucher Disease
47. Generalized Pustular Psoriasis
48. Ghoma
49. Glutaric Acidemia Type I
50. Glutaric Acidemia Type II
51. Glycogen Storage Disorders
52. GM1 gangliosidosis
53. Gonadal dysgenesis
54. Hemophilia B
55. Herlyn-Werner-Wunderlich syndrome (OHVIRA)
56. HIV in pregnancy
57. Hodgkin Lymphoma
58. Holocarboxylase/multiple carboxylase deficiency
59. Homocystinuria
60. Hutchinson-Gilford Progeria
61. Hyper IgE syndrome/ Job's Syndrome
62. Hyperphenylalaninemia
63. Ichthyotic Skin disorders
64. Idiopathic Neonatal Hepatitis
65. Idiopathic Pulmonary Arterial Hypertension
66. IgG4 related disease
67. Immune Mediated Inflammatory Myopathies
68. Inflammatory Bowel Diseases
69. Interstitial Lung Disease
70. Isovaleric Acidemia
71. Juvenile Breast Hypertrophy
72. Juvenile Idiopathic Arthritis
73. Juvenile Systemic Sclerosis
74. Krabbe Disease
75. L-2 hydroxyglutaric Aciduria
76. Langerhans Cell Histiocytosis
77. Laryngeal Cancer
78. LCHAD
79. Leigh syndrome
80. Lesch Nyhan Disease
81. Lowe syndrome
82. Lyme Disease
83. Malignant Melanoma
84. Maple Syrup Urine Disease
85. MCADD
86. MELAS
87. Melioidosis
88. Menkes disease
89. Methionine Adenosyltransferase Deficiency (MAT)
90. Methylmalonic Acidemia
91. Mitochondrial depletion syndrome
92. MPS 1
93. MPS 2
94. MPS 3
95. MPS 4
96. MPS 6
97. Mucolipidosis

ANNEX B. LIST OF RARE DISEASES.

98. Mucopolysaccharidoses
99. Mucormycosis in Pregnancy
100. Multiple sulfatase deficiency
101. Mycetoma
102. NAGS deficiency
103. Neuronal Ceroid Lipofuscinosis
104. Neiman-Pick Disease
105. Neonatal Diabetes
106. Neuroendocrine Tumor, Cervix
107. Neurofibromatosis Type 2
108. Nonketotic Hyperglycinemia
109. Ochoa Syndrome
110. Osteogenesis Imperfecta
111. OTC Deficiency
112. Pancreatic Cancer
113. Phenylketonuria
114. Polyarteritis Nodosa
115. Polycythemia Vera
116. Pompe Disease
117. Prader-Willi Syndrome
118. Primary CNS Cancer
119. Primary Congenital Glaucoma
120. Primary Fallopian Tube Cancer
121. Primary systemic vasculitis
122. Propionic Acidemia
123. Pseudomyxoma Peritonei
124. PTPS Deficiency
125. Pyruvate dehydrogenase complex deficiency
126. Rectal Gastrointestinal Stromal Tumor
127. Refsum disease
128. Retinoblastoma
129. Rett Syndrome
130. Rhizomelic chondrodysplasia punctata
131. Scleroderma
132. Serous Ovarian Cancer
133. Sertoli-Leydig Cell Tumor
134. SeSAME Syndrome
135. Severe Combined Immunodeficiency
136. Smith lemli opitz
137. Smith- Magenis Syndrome
138. Spinal Muscular Atrophy
139. SSADH deficiency
140. Syndromic Craniosynostosis
141. Systemic Lupus Erythematosus
142. Takayasu Arteritis
143. TFP deficiency
144. Tay-Sachs disease
145. Tyrosinemia Type I
146. Tyrosinemia Type II
147. Tyrosinemia Type III
148. Unicornuate uterus
149. Uterine Leiomyosarcoma
150. Uterine sarcoma
151. VLCADD
152. Vulvar Adenoid Cystic Carcinoma
153. Wilms tumor
154. Wilson disease
155. Wiskott-Aldrich syndrome
156. X-ALD
157. X-linked agammaglobulinemia (XLA)
158. X-linked Dystonia (Lubag)
159. Yaws (Endemic Treponematoses)